



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NJD981485311

INSTALLATION ADDRESS

J&J INTERVENTIONAL SYSTEMS
PO BOX 4917
WARREN

NJ 07060

35 TECHNOLOGY DRIVE
WARREN

NJ 07060



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/12/96

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD981485311

FACILITY NAME -> CORDIS CORP

MAILING ADDRESS -> 40 TECHNOLOGY DR PO BOX 4917
WARREN, NJ 07059

INSTALLATION ADDRESS -> 35 TECHNOLOGY DR
WARREN, NJ 07059

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: TILTON, THOMAS
MGR SAFETY ENV
CORDIS CORP
40 TECHNOLOGY DR PO BOX 4917
WARREN, NJ 07059

Please print or type with ELITE

Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NJ 0981485311

II. Name of Installation (Include company and specific site name)

CORDIS CORPORATION

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

35 TECHNOLOGY DRIVE

Street (Continued)

City or Town

WARREN

State

Zip Code

NJ 07059

County

County Name

035

SOMERSET

IV. Installation Mailing Address

Street or P.O. Box

40 TECHNOLOGY DRIVE

P.O. 4917

City or Town

WARREN

State

Zip Code

NJ 07059

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

TILTON

(First)

THOMAS

Job Title

MGR - SAFETY / ENV

Phone Number (Area Code and Number)

908-1412-7542

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

☒
☒
☐

B. Street or P.O. Box

City or Town

WARREN

State

Zip Code

NJ 07059

VII. Ownership

A. Name of Installation's Legal Owner

ATLANTIC DEVELOPMENT

Street, P.O. Box, or Route Number

30 TECHNOLOGY DRIVE

City or Town

WARREN

State

Zip Code

NJ 07059

Phone Number (Area Code and Number)

908 668 8100

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

From: Jack Hoyt, AWMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)



2. Corrosive (D002)



3. Reactive (D003)



4. Toxicity Characteristic



(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

7006 5007 7008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL ONLY

Name and Official Title (Type or print)

Date Signed

[Signature]

THOMAS L. TILTON, MANAGER SAFETY & ENV. AFFAIRS

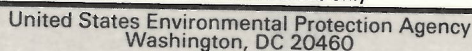
7/22/96

XI. Comments

This Form Is To Notify You Of Name Change Only.

From Johnson & Johnson International Sys Co To Corvus Corp, a d & j Co.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

Comments	
C	
C	

Installation's EPA ID Number													Approved			Date Received (yr. mo. day)		
C											T/A	C						
F	N	J	D	9	8	1	4	8	5	3	1	1				8	6	0515

J	&	J	I	N	T	E	R	V	E	N	T	I	O	N	A	L	S	Y	S	T	E	M	S
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street or P.O. Box

[illegible]

	City or Town																State		ZIP Code					
C 4	W	A	R	R	E	N												N	J	0	7	0	6	0

Street or Route Number

[illegible]

City or Town															State		ZIP Code					
C 6	W	A	R	R	E	N										N	J	0	7	0	6	0

Name and Title (last, first, and job title)

Name and Title (last, first, and job title)													Phone Number (area code and number)															
C	N	A	R	A	Y	A	N	S	W	A	M	I	A	N					2	0	1	2	1	8	7	7	8	0

A. Name of Installation's Legal Owner

C	A. Name of Installation's Legal Owner																B. Type of Ownership (enter code)							
R	M	T.		B	E	T	H	E	L		C	O	R	P	O	R	A	T	E				P	

B. Type of Ownership (enter code)

A. Hazardous Waste Activity

☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
 (enter 'X' and mark appropriate boxes below)
 ☐ a. Generator Marketing to Burner
 ☐ b. Other Marketer
 ☐ c. Burner

B. Used Oil Fuel Activities

☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number											
N	J	D	9	8	1	4	8	5	3	1	1

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

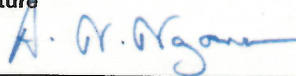
☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) A. N. Narayanswami Director of Operations	Date Signed 16 Nov 88
--	---	--------------------------

BRANCH
EPA REGION 1
NOV 21 PM 1:07
AGENCY REGION 1
EPA REGIONAL OFFICE



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Installation's EPA ID Number											Approved		Date Received (yr. mo. day)									
C	N	J	D	9	8	1	4	8	5	3	1	T/A	C									
F													1									

E	T	H	I	C	O	N	I	N	C
---	---	---	---	---	---	---	---	---	---

Street or P.O. Box

[illegible]

City or Town																	State		ZIP Code				
C 4	W	A	R	R	E	N											N	J	0	7	0	6	0

Street or Route Number

[illegible]

City or Town													State		ZIP Code						
C	W	A	R	R	E	N									N	J	0	7	0	6	0

Name and Title (last, first, and job title)

[illegible]

A. Name of Installation's Legal Owner

[illegible]

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter "X" and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter "X" and mark appropriate boxes below)</i> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(or On site Burner)</i> Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
X 0 0 1	F 0 0 3	F 0 0 5			
7	8	9	10	11	12

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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature Mark T. Gaterud	Name and Official Title (type or print) Mark T. Gaterud Manager, Cardiovascular Products	Date Signed 5/12/86
------------------------------	--	------------------------

RECEIVED
MAY 15 1986
NEW YORK, N.Y.
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

U.S. EPA
AGENCY RO II

96 AUG -2 PM 1:31

HAZARDOUS & SOLID WASTE
PROGRAMS BRANCH

July 23, 1996

Cordis

a Johnson & Johnson company

40 Technology Drive
Warren, NJ 07059
Phone (908) 755-8300
Fax (908) 412-3060

Mailing Address:
P.O. Box 4917
Warren, NJ 07059

Mr. Jack Hoyt
US EPA Region II, 2909 Broadway, 22nd Floor AWMD
New York, NY 10007-1866

Dear Mr. Hoyt;

Please find attached two forms (EPA form 8700-12), reflecting the change of our company name from Johnson & Johnson Interventional Systems, Co. to Cordis Corporation, a Johnson & Johnson Company. These forms cover our facilities at 35 and 40 Technology drive, in Warren New Jersey.

35 Technology Drive EPA #: NJD 986648541

40 Technology Drive EPA #: NJD 981485311

We understand that this is the only requirement for notification regarding Hazardous Waste issues. We have addressed permit issues separately.

If you need to contact me, please contact me at 908 412-7542.

Thank you.



T. Tilton
Manager, Safety &
Environmental Affairs

Johnson & Johnson
INTERVENTIONAL SYSTEMS

NJD 981485311

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
NEW YORK, NY
1988 NOV 21 PM 1:02
PERMITS ADMINISTRATION
BRANCH

November 15, 1988

USEPA - Region II
Permits Administration Branch
26 Federal Plaza, Room 432
New York, NY 10278

Dear Sir:

Attached herewith is a Notification of Hazardous Waste Activity at our building in Warren, NJ. This facility was occupied by a group from Ethicon, Inc. until recently when it was renamed Johnson & Johnson Interventional Systems (JJIS). Both Ethicon and JJIS continue to be divisions of Johnson & Johnson.

Please contact me if you have any question.

Very truly yours,



Mr. A. N. Narayanswami
Director of Operations

bk

Enclosure

a *Johnson & Johnson* company